Sacramento City Unified School District

Early Learning and Care

**Student Study Team Meeting Summary**

 Check one: Initial SST 2nd (Follow-up) SST 3rd (Follow-up) SST

1. **Student Information**

| **Today’s Date** | **Student Name** | **Sex** | **Teacher** | **School** | **Birthdate** | **Age** |
| --- | --- | --- | --- | --- | --- | --- |
|   |       |  |       |  |  |      |
| Primary Language: |      | Previous SST’s/Reviews: |   |
| Programs:  |  Foster Child |  Homeless |  ELL |  Speech |   |  SpEd |  504 |  Other:  |

1. **Strengths:** Include strengths at school (academic, social, interests) and at home (family supports, community, and interests):

Home:

School:

1. **Areas of Concern:** Include academic, emotional, health, social and home concerns

Home:

School:

1. **Student History**

|  **Health**  | **Assessment Data (Most Current)** |
| --- | --- |
| Was Pregnancy & birth typical: Yes No | If Complications, please describe:      | ASQ SE-2: | Referral Cutoff: Child score:  |
|  |
| Developmental milestones met: Walking Talking Toileting  |
| Health concerns: Hearing Vision Dental Sleep | ASQ 3 Developmental: |  |
| Chronic conditions:            | Current medications:            |
| Does student have health insurance? Yes No | Type of insurance:  |
|  **Family & Home** |
| **Family members (in or out of the home)**:   | # of Absences: |  |
| **History of schools attended (include preschool)**:  |
| **English Language Learner?** Yes No |  | # of Tardies |  |
| Other:            |

1. **Prior Interventions**

| **Intervention** | **Time Frame** | **Goal** | **Outcome** |
| --- | --- | --- | --- |
| 1.
 | From       to       |       |       |

1. **Action Plan**

| **Intervention/Accommodation** | **Start Date** | **Person Responsible** | **Expected Outcome** | **Review Date** | **New Action?** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  Yes No |
|  |  |  |  |  |  Yes No |
|  |  |  |  |  |  Yes No |
|  |  |  |  |  |  |
|  |  |  |  |  |  Yes No |
|  |  |  |  |  | Yes No |
|  |  |  |  |  | Yes No |

1. **Follow-up Date** (schedule within 4-8 weeks):
2. **Team Members**

| **Title** | **Name** | **Signature** |
| --- | --- | --- |
| 1. Parent/Guardian #1
 |  |  |
| 1. Parent/Guardian #2
 |  |  |
| 1. Admin
 |  |  |
| 1. Referring Teacher
 |  |  |
| 1. Clinician
 |  |  |
| 6. Social Work Intern |  |  |
| 7. Instructional Aide |  |  |